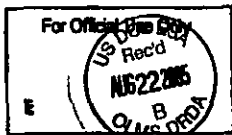


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

|  |   |
|--|---|
| 1 File Number U <u>1017</u>  | 2 Fiscal Year Covered From:<br><u>11</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>  |
| 3 Name and address of person filing.<br>Name <u>Dian</u> <u>Palmer</u><br>P.O. Box, Bldg. Room No. if any _____<br>Street <u>16515 Prairie Ct</u><br>City <u>Brookfield</u><br>State <u>WI</u> ZIP Code + 4 <u>53005</u> | 4 Name, file number and address of labor organization.<br>Name <u>SEIU District 1199W</u><br>Labor Organization File Number <u>512476</u><br>P.O. Box, Building and Room Number if any <u>Suite 201</u><br>Street <u>2001 W Beltline Hwy,</u><br>City <u>MADISON</u><br>State <u>WI</u> ZIP Code + 4 <u>53713</u> |
| 5. Position in labor organization. <u>President</u>  |   |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|   |  |
|---|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  |  |
| 6 Name and address of Employer (including trade name if any).<br>Name <u>University of Wisconsin Hospital</u><br>Trade Name if any <u>UWHCA</u><br>P.O. Box, Bldg. Room No. if any _____<br>Street <u>600 Highland Avenue</u><br>City <u>Madison, WI</u><br>State <u>WI</u> ZIP Code + 4 <u>53792</u> | 7.a. Nature of Interest, Transaction, or Income.<br><u>Lunch</u><br><u>Monthly meeting</u><br>7.b. Amount: <u>\$50</u> |

Signature

|   |  |
|---|--|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.) |  |
| Signed <u>Dian Palmer</u>   | On <u>8/13/05</u> <u>262 785 9319</u><br>Date Telephone Number |

Name of Person Filing

Dian Palmer

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

N/A

## B. Name and address of Business (including trade name if any).

Name Trade Name, if any: P O Box, Bldg. Room No., if any Street City State  ZIP Code + 4 

## B. Business deals with

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P O Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

12.b. Amount. 

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

N/A

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P O Box, Bldg. Room No. if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.